

Motor Vehicle Accident Report Instructions
DD Form SF-91
(Rev. 2-93)

SECTION I - FEDERAL VEHICLE DATA
(by vehicle operator)

1. Driver's Name as it appears on the Operator's License and Government Identification. (If different, enclose Government Identification name in "Parenthesis"- State OL = DOE, John Wayne, Government ID = e.g., *(DOE, Johnnie Wayne-USN ID)*).
2. Driver's License No., State of issue, Limitations- e.g., *747650811/CA/Corrective lenses*
3. Date of Accident- e.g., *28 April 2003*
- 4a. Division/Department/Command/ Federal Agency Permanent Address- e.g., *Maintenance/GSE/ AIMD NAS Oceana - Patrol/Operations/ VaBch Prec./CNRML Public Safety*
- 4b. Commercial telephone number including Area Code. If using DSN so indicate- e.g., *(757) 433-3101 - DSN 433-3101*
5. Governmental License Plate or Side registration no.- e.g., *94-53277*
6. Unless you know a figure use "UNKNOWN"
7. Use 4-digit number to indicate year of manufacture.
8. Name of manufacturer- e.g., *Dodge*.
9. Model Name/Type- e.g., *Ram/15 Passenger Van*.
10. Seat Belts Used. May come from operator or witness(es). If from witness, a Voluntary statement must be obtained and included as enclosure with SF-91.
11. Describe Vehicle Damage. To determine side of vehicle states as if you were facing the front of the vehicle while sitting in a seat- e.g., *Driver's side front fender would be the left front fender*.

SECTION II - OTHER VEHICLE DATA
(by vehicle operator)

12. Other Driver's Name as it appears on the Operator's License and Government identification. If different, enclose Government Identification name in "Parenthesis"- (State OL = DOE, John Wayne, Government ID) - e.g., *(DOE, Johnnie Wayne-USN ID)*
13. Other driver's License No., State of issue, Limitations- e.g., *747650S-II/CA/Corrective lenses*.
- 14a. Other driver's, work, mailing address.
- 14b. Driver's work telephone no. including area code.
- 15a. Other driver's home mailing address.
- 15b. Driver's home telephone no. including area code.

16. Describe Other Vehicle Damage. To determine side of vehicle state as if you were facing the front of the vehicle while sitting in a seat- i.e., driver's side front fender would be the left front fender.
17. Estimated cost of repair, unless you know a figure use "UNKNOWN".
18. Model year, 4 digits
19. Make of other vehicle- e.g., *Dodge*.
20. Model of other vehicle- e.g., *Dakota*.
21. License plate/Side registration no.- e.g., *SM1-USN/PA*.
- 22.a. Other driver's insurance company name (NOT agent) and mailing address.
 b. Other driver's insurance policy no. - e.g., *358-54-16*.
 c. Other driver's telephone no., including area code- e.g., *(310) 555-1010*.
23. Other driver's vehicle ownership status. A financed vehicle is considered Privately Owned.
- 24a. Other vehicle owner's name.
- 24b. Other vehicle's owner's telephone no., including area code.
25. Other vehicle's owner's address.

SECTION III - KILLED OR INJURED
(by vehicle operator)

26. thru 45. Apply to Vehicle Occupant(s), Killed/ Injured and Rescue/Medical personnel involved. If more than 2 involved, use Section VIII, providing same information for each additional person.
46. If Pedestrian(s) involved:
 - a. Name of street/highway
 - b. Pedestrian's direction of travel- e.g., *SW comer to NE comer*.
 - c. Describe what pedestrian was doing at the time of the accident- e.g., *Crossing intersection with signal/against signal/diagonally/in roadway playing/walking*.

SECTION IV - ACCIDENT TIME AND LOCATION
(by vehicle operator)

47. Date of Accident
48. Location of accident- e.g., *1750 Tomcat Blvd. VA Bch, VA 23460 / 50' NE of the SW comer of the intersection of Tomcat Blvd. and Hornet Dr.*, or *business*, or *worn blacktop*.
49. Time of accident- e.g., *2:48 AM*.
50. Diagram of the Crash Scene- follow the examples on SF-91 (assistance/may be provided by the police officer investigating the incident).
51. Point of impact of involved vehicles.

52. Written description of actions of all vehicles before, at time of impact, and after impact as per examples on SF-91.

SECTION V - WITNESS / PASSENGER
(by vehicle operator)

53. thru 62. Witness/ Passenger information. Place either "W" or "V" in parenthesis before individuals name to indicate either witness or victim. Include ZIP code and area code where appropriate- e.g., *(W) DOE, John P. / (757) 465-5510 / (319) 246-9753 / None / 2756 S.E. 29th St. Moyock, NC 55502.*

SECTION VI - PROPERTY DAMAGE
(by vehicle operator)

- 63a thru 67. Property damaged as a result of this incident. Use insurance company name NOT agent in block 64a and the location of the property at the time of the incident.

SECTION VII - POLICE INFORMATION
(by vehicle operator)

- 68a. thru 70b. Officer investigating Crash information and charges filed.

SECTION VIII - EXTRA DETAILS
(by vehicle operator)

This space to be used for additional information -indicate section and item number- e.g., *Section IV, item 52 - continuation of description of incident narrative.* (If needed, sequentially numbered sheets of plain bond paper may be used for continuation of items).

SECTION IX - FEDERAL DRIVER CERTIFICATION
(by vehicle operator)

- 71a thru 71b Drivers certification that all information is true and correct to the best of his knowledge.

SECTION X - DETAILS OF TRIP DURING WHICH THE ACCIDENT OCCURRED
(by vehicle operator's supervisor)

72. Origin - Location where trip started- e.g., *Bldg. #513, QE shop.*
73. Destination - Location where trip ended- e.g., *Hangar #200, VFC-12, Maintenance Control.*
74. Exact purpose of trip- e.g., *Delivery of repaired parts.*
75. Date and Time trip began.
76. Date and Time accident occurred.
77. How authorization for trip was given.
78. Did driver deviate from direct route to destination. If YES, explain reason why and did supervisor authorize deviation.
79. Was the trip within established working hours. If NO, explain why.

80. Did the operator, while on trip, engage in any activity other than that for which the trip was authorized. If YES, explain what activity.
- 81 a. Did this accident occur within the employee's scope of duty?
- 81b. Supervisor's comments concerning incident.
- 82a. thru 82c. Supervisor's information and signature.

SECTIONS XI THRU XIII
(by activity designated Investigator/ Reviewing Official)

Completed by an Investigator and a Reviewing Official when accident involves bodily injury, fatality and/or damage exceeding \$500. The Investigator and Reviewing Official are designated by the activity. The Investigator can be the activity traffic coordinator, designated investigator, board, JAG, etc.

The Naval Criminal Investigative Service (NCIS) may investigate accidents involving a fatality.

FINAL REPORT

Following completion of the SF 91, forward the report to:

Regional Engineer/Public Works Storefront
Transportation Division (code 712)
Building 830
433-2011

***Lost workdays?**

For any government or privately owned vehicle accident resulting in 1-4 lost workdays for military (on/off duty) or civilian (on-duty), supervisor must submit a Supervisor's Mishap Report to the Navy Region Mid-Atlantic Safety Storefront. [Click here for instructions.](#)